Send to Ray's daughter - Rel.

SAVE OVARIES FOR IODINE METABOLISM AND LONGEVITY!!!

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Cancer phobia—an inordinate fear of cancer—has produced an atmosphere that induces surgeons to remove normal but susceptible organs. When one breast develops cancer, it is felt that the other might become cancerous. Prophylactic removal of the unaffected breast is frequently recommended and sometimes requested by a patient. In the same way, when hysterectomy is performed, it is considered wise by some surgeons to remove at least one, or both ovaries for fear of cancer developing later.

The rationale for removing the ovaries in a woman past her menopause is that the ovary produces only estrogen, progesterone and ova and after age 50 there is no demand for ova, and estrogen and progesterone can be supplied as required. Were these the only functions of the ovaries it might be reasonable to dispense with them since there is the ever-present danger that they might become malignant.

While studying the subject of atherosclerosis, the author came upon a paper by Joseph Stambul, M.D., Chief Cardiologist, Department of Medicine, Southern Division of the Albert Einstein Medical Center.[6][7] Atherosclerosis is the result of cholesterol being deposited in the lining of the arteries, particularly the coronary arteries. This condition is more prevalent in men than in women to a ratio of approximately 6 to 1. It is an established fact that the average age of women is greater than that of men, as can be seen by the number of men and women in retirement homes. The reason for this difference has been ascribed to estrogen, and sporadic attempts have been made to give estrogen to men in an effort to correct this difference. Stambul, however, has shown that it is more likely due to the presence of another hormone-like substance produced in the ovary. This material is the protein-bound iodine in the blood, which was later identified as 'di-iodotyrosine'.

The breasts are produced from fifteen sweat glands in the skin which form the nipple and grow backward toward the chest wall. What were embryologically tortuous sweat glands, develop into the globules of the breast. The globules of the breast are like a bunch of grapes and each grape-like structure is called an alveolus. The alveolae secrete the cholesterol-type materials that contribute to the formation of the milk. It appears that di-iodotyrosine is a special hormone secreted by the ovary for the purpose of keeping the cholesterol substance in liquid form. In the female this is nature's method of keeping the wax-like cholesterol in solution.

It is well known that the breasts are prone to develop cysts and abscesses, which are due to the improper functioning of this softening and liquefying mechanism. 'Caked'

Had this in my file - It is good!

R.J.

breast is a very common problem in nursing mothers. It is not unusual, however, for a woman to have a caked breast with abscess formation even when she is not nursing.

Long before he learned the thesis of Stambul's work the author used di-iodotyrosine to soften breasts for nursing—especially in hypothyroid women. In one patient where the left breast was involved with severe pain and induration, it required 200 grams of di-iodotyrosine to bring the breast to normal in two days. In another case the mother was nursing the baby with only fair results. The breasts were hard and very painful so that the baby was having great difficulty getting sufficient milk to satisfy its hunger. The mother was given 10 grams of di-iodotyrosine powder on her tongue in the course of several hours, and after allowing it to dissolve in the mouth prompt softening of the breasts occurred. The milk came out of the breast within minutes under pressure and could be seen to spurt from the nipple for a distance of about 2 centimeters. This of course subsided after the pressure in the breast was released. The patient had no further difficulty nursing her baby after this initial help.

On another occasion a woman about 45 years of age had a large abscess develop in her left breast, and a cyst on her left ovary about 4 centimeters in diameter. The diagnosis of these conditions had been made by a competent gynecologist who was prepared to operate on both the breast abscess and the ovarian cyst. The patient was greatly upset over contemplating the two operations and came to Baltimore to see if the condition could be treated without surgical intervention. After two days of treatment with di-iodotyrosine by mouth (roughly 50 grams), and intravenous magnesium, B-Complex and vitamin C, the ovarian cyst ruptured, and the breast abscess came to a head and discharged about 200 milliliters of purulant material. The breast abscess healed quickly. Di-iodotyrosine was continued to soften the breasts to a normal condition. This patient's breast had been large, heavy and doughy. The diiodotyrosine made them soft and with a feeling of fluidity. The feeling of doughiness disappeared and gave the patient a sensation of lightness.

The experience of these three patients with breast soreness and heaviness has been repeated innumerable times. There is a condition called 'Schimmelbusch's disease', which in his description, the breast feels like 'a bag of worms'. The ducts more often feel like strands of spaghetti with nodules along them, rather than worms. They are hard and sometimes form masses which are described as 'cystic fibrosis' and are quite easily visualized by zerography. The use of di-iodotyrosine, along with the trace elements of magnesium, copper, cobalt, manganese and silver ions, has a remarkable effect on this syndrome in relieving the condition so that the breasts feel almost like liquid.

The author had the opportunity to see many cases of women with trichomonas infection, yeast infection, and non-specific leukorrhea while serving in an internship in the GYN service of the John Hopkins Hospital. It was noted that these women did not respond well to the usual treatment for infection with the various types of antiseptics.

It gradually became evident that many of these women were suffering from a hypothyroid condition. Treatment for the hypothyroidism with thyroid and iodine, and particularly iodine intravaginally, produced a remarkable improvement in these women. Not only did they have an improvement in their systemic hypothyroid condition, but a remarkable change in the consistency of the vaginal mucous occurred. In the beginning the mucous was thick, white flour-paste like in consistency. Sometimes this paste would look like cottage cheese. As the iodine intake was increased, the mucous changed to a clear, limpid fluid flowing from the cervix. At the time of the spraying of iodine on the vaginal lining, a strand of clear mucous would flow from the cervix to a length of 4 centimeters in about 15 minutes. This strand of mucous was present normally in women who had sufficient iodine in their body. This secretion of mucous served to lubricate the vaginal lining. In time this mucous would flow sufficiently that a woman could expel it when voiding. Along with the remarkable improvement in the flow of mucous, was a complete disappearance of all infective organisms in the vagina. It was never necessary to use any kind of antiseptic to free the woman of trichomonas or other infection thereafter. It seemed that she no longer could become infected with these organisms when she excreted suffiecient iodine in the mucous.

The carrier of this iodine seems to be the unsaturated fatty acid linoleic acid. In the case of severe vaginitis, large doses of linoleic acid in the form of safflower oil (10 capsules a day) are required with the iodine to bring the mucous membrane back to normal.

Several women who had Bartholin gland cysts were also relieved by this iodine application. Here again the iodine made the secretions of these glands fluid so that the material could flow out of the small orifices of the glands. Without the liquification of this secretion the orifice was blocked and large painful cysts appeared. These cysts were nearly always present in hypothyroid individuals—several of whom had the cysts incised on previous occasions.

Two other remarkable things occurred following the application of iodine to the vaginal lining. The first was a remarkable softening of the breasts. They lost their tension and became light and soft, or fluid-like. Patients were aware of this change within several minutes after the application of the iodine.

The second change was in the abdomen. Many of these patients complained of abdominal distress and a general feeling of soreness in the abdomen. Several patients had had laparotomies to search for the cause of this discomfort. After the application of the iodine they commented how comfortable they felt in their abdomen. One of them could not be touched for palpation, but after several months of treatment this distress and sensitivity completely disappeared. It was noted that several of these women had their gallbladders removed in an effort to relieve their abdominal distress. Some of them had stones at the time of this surgery. However, the removal of the

gallbladder had not eliminated the discomfort for which the operation was performed. This discomfort disappeared only after the vaginal applications of the iodine for about a year.

Two women developed goiters within several weeks after the removal of their ovaries at 46 years of age. One of the patients was a Navy nurse who had a complete hysterectomy and also the removal of her ovaries in the Naval Hospital at Bethesda, Maryland. Even before she was discharged from her operation, her thyroid developed nodules and she was told by the Navy physicians to have these nodules removed for fear of cancer. She was treated by the author with estrogen, iodine, and vitamin and mineral support. After two years the nodules in her thyroid completely disappeared. The Navy doctors who examined her at Corpus Christi two years later would not believe that she had ever had the nodules that were recorded in her history from the Bethesda Naval Hospital.

The mother of the author developed a goiter in the right side of her thyroid as large as a hen's egg with her third pregnancy at about 30 years of age. Her physician told her that if she would get over her nervousness the lump would go away. He did not recognize that her nervousness was due to the lump, which was a goiter. With treatment starting at 60 years of age with iodine, di-iodotyrosine, thyroid hormone, vitamin and mineral therapy, and particularly intravenous magnesium 2%, the thyroid mass completely disappeared in 10 years. This patient commented that these materials 'acted like tranquilizers'. These were her own words, and she lived comfortably to 90 years of age, with no cancer or heart disease. She expired at the age of 90 following a fractured femur.

Stambul's research brings together a tremendous amount of endocrine physiology and teaches us how iodine and its products diiodotyrosine and thyroxin, function in the body with cholesterol. He cites a paper [1] by Perkin and Brown of the Lahey Clinic in Boston, Massachusetts, which is so remarkable that it is appended to this paper. This work was done in 1938 and apparently its significance has been lost sight of. It gives a remarkable insight into the functional difference between the male and the female, and a probable reason why the female lives so much longer than the male, and without coronary artery disease from atherosclerosis.

Perkin and Brown in their experiments on dogs show that when the thyroid is removed from a male dog its protein-bound iodine drops to about 1/10th of its normal value by the next day. When the thyroid is removed from the female, nothing happens until the ovary is removed also—at which time her blood iodine falls to the same level as the male after thyroidectomy.

It is interesting to note that at the estrous period of the female dog, which occurs twice a year, in March and October, her protein-bound iodine doubled for the few days of her 'heat' period. When she became pregnant the protein-bound iodine in her

blood dropped to a very low value, a little higher than it was after the removal of her thyroid and ovary. It is important to remember that all of these changes occurred while both the male and female were being given an adequate intake of iodine every day—72 milligrams of iodine daily in the form of Lugols solution and administered by stomach tube to be sure that it was completely ingested.

From these data and the proof by Stambul that the ovary manufactured di-iodotyrosine, it can be inferred that the female is endowed with this ovarian function to make it possible for her to feed her offspring. In softening the cholesterol material in the glands of her breast, she also keeps the cholesterol in other parts of her body in solution—thereby preventing it from precipitating in the arteries of her heart, brain and elsewhere.

It is well known throughout the world that pregnancy induces goiter at roughly a ratio of 4 to 1 (women to men). Graph No. 3 in the Perkin and Brown paper shows the remarkable decrease of blood iodine during gestation, despite the fact that the dogs were getting a good supply of iodine every day. Prior to the work of David Marine in 1925, goiter was extremely present everywhere. He showed that this was due primarily to a lack of iodine in the drinking water the world over, and especially in Switzerland and the goiter belt of the United States. At his suggestion, table salt was iodized to supply a continuous intake of iodine to the diet of all people. This served to eliminate the tremendous non-toxic goiters that were present in many women before this time. However, it seems from the perspective of our present viewpoint, that much more iodine is necessary to keep the male, as well as the female, in a more desirable state of health.

When one views the remarkable improvement in a woman from the higher intake of iodine in protecting her against vaginal infection, cystic fibrosis of the breast, and breast pain, one has to realize that she needs much more iodine than she is getting from her present dietary intake, even when supplemented with iodized salt.

There are two other symptoms that appear both in the male and in the female from an additional supply of iodine. One is a loss of the stiffness of the neck. Many patients complain that they cannot turn their heads freely, and there is a constant soreness and stiffness in the muscles of the neck. Frequently, even in young women, the muscles feel more like steel guy wires than flexible muscles that should be very pliable and soft to the touch. For some reason the left side of the neck is more involved than the right side—both in the male and the female. Although iodine plays a large role in relieving this stiffness, it is not sufficient in itself. Trace elements must be added to effect a complete relief of this muscle soreness and stiffness. This is also true of pain in the breast and soreness in the abdomen. The trace elements which are required in ion form $(2n^{+})$ are magnesium, copper, cobalt, silver, zinc and molybdenum. Copper is the ion $(2n^{+})$ that has the most to do with the thyroid and catalyzes the manufacture of di-iodotyrosine. As in nature, copper is almost always associated with silver. It requires

silver ions[1][4] to relieve completely the pain in the left side of the neck and back. Much of the pain in the left side and the shoulder-arm syndrome is relieved by silver, copper and iodine. It is very difficult to say how much one must give to perform these changes. One must feel their way along with these exchange resins,[2][6][7] but the relief comes within a few minutes and one can palpate the neck muscles and feel the tension and knots in the muscles disappear. Silver seems to have the most effect on the stomach and esophagus which produces pain in the left back at about the level of the fifth interspace next to the spine. Pain in this area sometimes is so severe that a patient cannot press his back against a chair. Pain in this area is such a common occurrence that it is difficult to find a patient completely free of it.

When we place these ions on the tongue of a patient,[2][6][7] within a few seconds to minutes, changes occur in the breast, in the neck, in the back and, remarkably, also in the vision. The patient will frequently remark that the lights have become brighter in the room.

Tyrosine plays a great role in the sympathetic nervous system and in the visual apparatus, as is shown by the work of Dr. John G. Nicholls.[3] Apparently the activation of the tyrosine by copper produces a higher sensitivity of the retina to light. It also improves color sensitivity. Red color especially is made more vivid and more brilliant. There is hardly a patient seen by the author who has normal red sensitivity, and it is always improved by the addition of tyrosine, iodine and the trace elements.

These illustrations are presented only as corroborative evidence of the requirement for di-iodotyrosine, the main source of which in the female is the ovary. The main thesis of this paper is that under no circumstances should a woman lose her ovaries at any time in her life, unless they are completely involved in a cancerous condition. The supplementation of iodine, tyrosine and the trace elements give a woman the advantage of health and longevity. This outweighs any apprehension or anxiety that she may develop over the possibility of getting cancer of the ovaries. In fact, from the thesis of Otto Warburg,[10] it is quite likely that by the use of these supplementary materials of vitamins, minerals, amino acids, and hormones, she may be greatly protected against the onset of cancer in the areas of her breast and ovary.

It may well be that the ovaries may not function sufficiently to produce all the estrogen the female requires for a complete sense of health and energy and this will have to be supplemented. It is quite likely that this supplementation of estrogen will encourage the normal development of the endometrial lining, with its natural tendency to bleed. This bleeding, of course, is most undesirable and frightening in later life in the light of the tendency for this lining to develop cancer. Hence, it seems only reasonable to remove the uterus and cervix at the earliest possible time after a woman feels that she no longer is interested in having children.

There is some comment and criticism that estrogen does not give to the woman the

youthfulness, the improved texture of her skin, and the creative femininity that she expects and desires. This is true if iodine and the trace elements are not supplied also. It is iodine that plays the largest role in the removal of the wrinkled texture of her skin. It is the loss of iodine by sublimation from the skin that is responsible for a great deal of the wrinkling that is seen in later years. This is accentuated by exposure to sunshine and heat. There is much warning that skin should not be exposed to ultra-violet rays for fear of developing cancer. No comment however is made as to how this comes about. It is the experience of the author that the supplementation of iodine and trace elements, along with estrogen, produces for the woman an improved complexion—an improved state of femininity—a remarkable sense of creativity—and longevity with a sense of tranquility.[10]

ABSTRACT

This paper presents a specific reason for never removing the ovaries unless they are cancerous. It is shown that the ovaries metabolize iodine and secrete di-iodotyrosine into the blood. Di-iodotyrosine maintains cholesterol in solution throughout the body, and is especially required by the female to maintain a fluid milk supply for her babies.

The wax-like consistency of cholesterol is changed to a soluble form that is unable to clog the arteries—particularly those of the heart—thus preventing arteriosclerotic coronary artery disease. Coronary artery disease is the No. 1 cause of death and occurs approximately six times as frequently in the male as in the female. It is suggested that this liquefying action of di-iodotyrosine to cholesterol is the reason for the increased longevity of the female.

BIOGRAPHY

1. Myers, John A., M.D., *"Iodine And Trace Elements in the Promotion And Maintenance of Metabolic Excellence"*, Presented at the 17th Annual Convention, Int'l. College Applied Nutrition, June 26, 1977
   (Included as part of (7) The Metabolic Aspects of Health)

2. Myers, John A., M.D., *"Biological Transmutation of Cobalt and Magnesium in the Support of Good Teeth And Good Health"*
   J. Applied Nutrition 27: 1, Spring 1975
   (Included as part of (7) The Metabolic Aspects of Health)

3. Myers, John A., M.D., *"Metabolic Aspects of Cancer"*.
   J. Applied Nutrition 28: 1, Spring 1976
   (Included as part of (7) The Metabolic Aspects of Health)

4. Nicholls, John G., M.D., Kuffler, S.W., M.D., *"From Neuron to Brain"*
   Sunderland, Massachusetts, Sinaur, Chapters 1, 2, 3 & 19, 1976

5. Perkin, A.J., Brown, Brock R., *"The Influence of the Thyroid Gland And of the Ovary on the Metabolism of Iodine: An Experimental Study in the Dog"*,
   Boston Massachusetts, Research Foundation of the Lahey Clinic.
   Endocrinology 22: 538-542, 1938
   (Included as part of (7) The Metabolic Aspects of Health)

6. Stambul, Joseph, M.D., *"Atherosclerosis"*
   J. Albert Einstein Med. Center, Phila., Pa. 131-181, Aug. 1955
   (Included as part of (7) The Metabolic Aspects of Health)

7. Myers, John A., M.D., and Schutte, Karl H., Ph.D., *"The Metabolic Aspects of Health"* (Nutritional Elements in Health & Disease) Book Published 1979 by Discovery Press.